

| CLAIMS ONLY | | | | | | | Application Number 10/mx533 | | Filing Date |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|
| | | | | | | | Applicant(s) | | |
| | | | | | | | May be used for additional claims or amendments | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep |
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| Total Indep | 2 | | 2 | | | | | | |
| Total Depend | 16 | | 16 | | | | | | |
| Total Claims | 18 | | 18 | | | | | | |
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Application Number
10774533

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 2 | | 2 | | | |
| Total Depend | 16 | | 16 | | | |
| Total Claims | 18 | | 18 | | | |

may be used for additional claims or amendments

| | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| Total Indep | | | | | | |
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